

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

Complete if Known

Application Number	10/607,604
Filing Date	June 27, 2003
First Named Inventor	Kobi RICHTER
Group Art Unit	3738
Examiner Name	ISABELLA, DAVID J
Attorney Docket No.	4396-4001

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 790.00

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check      ☐ None      ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account      Deposit Account Number: **13-4500**      Deposit Account Name: **Morgan & Finnegan**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17      ☒ Credit any overpayments

**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee(\$)	Small Entity	Fee(\$)	Small Entity	Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee(\$)	Fee Paid (\$)
	Fee(\$)	Fee(\$)	Fee Paid (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	_____
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	_____
Multiple dependent claims	360	180	_____

Multiple Dependent Claims		Fee(\$)	Fee Paid (\$)
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
_____ -20 or HP = _____ X _____ = _____			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
_____ -3 or HP = _____ X _____ = _____			

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid (\$)
_____ -100 = _____ /50 = _____ (round up to a whole number) X _____ = _____				

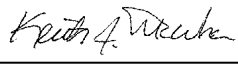
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for continued examination

790.00

**SUBMITTED BY**

Signature		Reg. No. Atty/Agent) 44,235
Telephone:	212-415-8700	
Name (Print/Type)	Keith J. McWha	Date: May 2, 2007